

Appendix 3130-E

FEL LASING OPERATION PLAN



PROGRAM DEPUTY APPROVAL

DUTY OFFICER INFORMATION

FEL Commissioning Coordinator: _____ Date: _____

FEL Duty Officer: _____

FEL Facility Manager: _____ Date: _____

Expiration Date (max. 90 days from approval): _____

Required Training Complete? ☐yes ☐no

Presentation Required? ☐yes ☐no

Approved Experimental Safety Approval Form? ☐yes ☐no

FEL Experiment ID# _____

Approved Experimental Readiness Checklist? ☐yes ☐no

Completion Date: _____

*NOTE: Information addressing the appropriate content of each of the following
Sections can be found in Section 2.0 of the Test Plan Instructions.*

Test Plan Title: _____

Author(s): _____

Date Submitted: _____

Revision Number: _____

Brief Purpose of Test

Anticipated Benefits

Beam Conditions Required

Complete all of the following tables, entering value or an "X" in the appropriate spaces

Laser Characteristics

Beam Type	Laser Power	Wavelength

Location of Test

Lab #	Pickoff Mirror #

******The following three tables to be completed by the FEL Facility Manager******

e-beam Characteristics

Beam Off	350 keV	10 MeV	42 MeV	Energy Recovery Dump

(Provide current, pulse characteristics, etc.)

Beam Termination Point (select one)

Inj. Dump	ER Dump	Straight Ahead Dump	Other (specify)

Experiment Limits

Power (W) CW/Pulsed	Wavelength(s)	Comment

These limits are not to be exceeded on this experiment without Facility Manager approval

Time Required

Preferred Time of Test

Staff Required to Execute the Test (including contact info)

Controlled Access Requirements

Hardware and/or Software Changes Required

NOTE: If software changes are part of the test plan, include the name of the application, the old revision level, the new revision level, and if applicable, whether or not it is possible to roll back to the old revision level (are there hardware limitations, etc.)

Setup Procedure

Test Procedure